

# **EXHIBIT T**

# Estate of Harold Hanson

# VCF Documentation



September 11th  
Victim Compensation Fund

May 12, 2020

BARBARA HANSON  
C/O WENDELL TONG  
SULLIVAN PAPAIN BLOCK MCGRATH & CANNAVO, PC  
120 BROADWAY 18TH FLOOR  
NEW YORK NY 10271

Dear BARBARA HANSON:

The September 11th Victim Compensation Fund ("VCF") has reviewed your claim for eligibility. You submitted a claim form on behalf of HAROLD HANSON. Your claim number is VCF0104965.

### **The Decision on your Claim**

The VCF has determined that the decedent has met the eligibility criteria established in the statute and regulations. Based on the information you submitted and information the VCF has received from the World Trade Center ("WTC") Health Program, the decedent has been found eligible for the following injuries:

- ASBESTOSIS
- ESOPHAGEAL REFLUX
- MALIGNANT NEOPLASM UNS PART UNS BRONCHUS/LUNG
- OTHER EMPHYSEMA AND RELATED PHYSICAL CONDITIONS: OTHER CHRONIC PULMONARY HEART DISEASES
- UNSPECIFIED SINUSITIS AND RELATED PHYSICAL CONDITIONS: OBSTRUCTIVE SLEEP APNEA

Please note that there are several reasons why an injury that you think should be eligible is not listed above. For non-traumatic injuries, the name of the injury is based on the information provided by the WTC Health Program and there may be different names for the same injury. Additionally, your injury may not be listed if it was only recently certified for treatment by the WTC Health Program.

If in the future the WTC Health Program should notify you that a condition previously found eligible is no longer certified, you must inform the VCF as this may affect your eligibility status and/or the amount of your award.

### **What Happens Next**

**If the decedent was certified for treatment by the WTC Health Program for a condition not listed above**, you should amend your claim. Please see the VCF website for details on how to amend your claim. The VCF will review the new information and determine if it provides the basis for a revised decision.



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**If you believe the decedent had eligible injuries not treated by the WTC Health Program** and you would like the VCF to consider those injuries before calculating the amount of any compensation, you should amend your claim. If you choose to amend your claim, you will need to use the VCF Private Physician process. The Private Physician process is a way for the VCF to gather the required information about the decedent's treatment in order to process your claim. All forms are available on the VCF website under "Forms and Resources." The website also includes detailed information and instructions on the Private Physician process.

**If the decedent did not have injuries other than those listed above,** you should submit the compensation section of your claim form and the required supporting materials if you have not already done so. If you have already submitted this information, you do not need to take any action at this time unless you receive a request from the VCF for missing information. The VCF will calculate the amount of any compensation based on the conditions listed above after all compensation-related documents are submitted.

If you have questions about the information in this letter or the claims process in general, please call our toll-free Helpline at 1-855-885-1555. Please have your claim number ready when you call: **VCF0104965**. For the hearing impaired, please call 1-855-885-1558 (TDD). If you are calling from outside the United States, please call 1-202-514-1100.

Sincerely,

Rupa Bhattacharyya  
Special Master  
September 11th Victim Compensation Fund

cc: BARBARA HANSON



September 11th  
Victim Compensation Fund

September 29, 2020

BARBARA HANSON  
1001 GARDEN VIEW DRIVE NE #811  
ATLANTA GA 30319

**Re: CLAIM NUMBER: VCF0104965**

Dear BARBARA HANSON:

The September 11th Victim Compensation Fund ("VCF") has reviewed your claim for compensation. Your claim form was determined to be substantially complete on September 22, 2020. This means your claim was deemed "filed" for purposes of section 405(b)(3) of the Statute on that date.

After reviewing the responses in your claim form, the documents you submitted in support of your claim, and information from third-party entities, the VCF has calculated the amount of your award as **\$427,576.00**. This determination is in accordance with the requirements of the Never Forget the Heroes: James Zadroga, Ray Pfeifer, and Luis Alvarez Permanent Authorization of the September 11th Victim Compensation Fund Act ("VCF Permanent Authorization Act"). The enclosed "Award Detail" includes a detailed explanation of the calculation and a list of the eligible conditions that were considered when calculating your award.

Your award does not include reimbursements for replacement services since there was no survivor spouse nor minor dependents or dependent adults in the household at the time of your father's death.

No non-routine legal service expenses are approved for reimbursement for this claim.

As the Personal Representative, you are required to distribute any payment received from the VCF on behalf of the victim to the eligible survivors or other recipients in accordance with the applicable state law or any applicable ruling made by a court of competent jurisdiction or as provided by the Special Master.

**What Happens Next**

The VCF will deem this award to be final and will begin processing the full payment on your claim unless you complete and return the enclosed Compensation Appeal Request Form within **30 days from the date of this letter** as explained below. If you do not appeal, the Special Master will authorize the payment on your claim within 20 days of the end of the 30-day appeal period. Once the Special Master has authorized the payment, it may take up to three weeks for the United States Treasury to disburse the money into the bank account designated on the VCF ACH Payment Information Form or other payment authorization document you submitted to the VCF.



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- **Appealing the Award:** You may request a hearing before the Special Master or her designee if you believe the amount of your award was erroneously calculated, or if you believe you can demonstrate extraordinary circumstances indicating that the calculation does not adequately address your loss. **If you choose to appeal, your payment will not be processed until your hearing has been held and a decision has been rendered on your appeal.**

To appeal the award, you must complete two steps by the required deadlines:

1. Complete and return the enclosed **Compensation Appeal Request Form** within **30 days from the date of this letter**. Follow the instructions on the form and upload it to your claim or mail it to the VCF by the required deadline. If you do not submit your completed Compensation Appeal Request Form within 30 days of the date of this letter, *you will have waived your right to an appeal* and the VCF will begin processing any payment due on your claim.
2. Complete and submit your **Compensation Appeal Package** (Pre-Hearing Questionnaire, Compensation Explanation of Appeal, and all applicable supporting documents) no later than **60 days from the date of this letter**. It is important that you carefully review the information enclosed with this letter and follow the instructions if you intend to appeal your award. Additional instructions on the appeals process can be found on the VCF website under “Frequently Asked Questions” and in the Policies and Procedures available under “Forms and Resources.”

Once your complete Compensation Appeal Package is submitted, the VCF will review the information to confirm you have a valid appeal, and will notify you of the next steps specific to your appeal and the scheduling of your hearing.

- **Notifying the VCF of new Collateral Source Payments:** You must inform the VCF of any new collateral source payments you receive, or become entitled to receive, such as a change to your disability or survivor benefits, as this may change the amount of your award. If you notify the VCF within 90 days of learning of the new collateral source payment, your award will not be adjusted to reflect the new entitlement or payment. If you notify the VCF more than 90 days after learning of the new or revised entitlement or payment, the VCF may adjust your award to reflect the new payment as an offset, which may result in a lower award. If you need to notify the VCF of a new collateral source payment, please complete the “Collateral Offset Update Form” found under “Forms and Resources” on the [www.vcf.gov](http://www.vcf.gov) website.

Your award was calculated using our published regulations, and I believe it is fair and reasonable under the requirements of the VCF Permanent Authorization Act. As always, I emphasize that no amount of money can alleviate the losses suffered on September 11, 2001.

If you have any questions, please call our toll-free Helpline at 1-855-885-1555. Please have your claim number ready when you call: **VCF0104965**. For the hearing impaired, please call 1-855-885-1558 (TDD). If you are calling from outside the United States, please call 1-202-514-1100.



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Sincerely,

Rupa Bhattacharyya  
Special Master  
September 11th Victim Compensation Fund

cc: WENDELL TONG



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## Award Detail

Claim Number: VCF0104965  
Decedent Name: HAROLD HANSON

PERSONAL INJURY CLAIM (Losses up to Date of Death)	
<b>Lost Earnings and Benefits</b>	
Loss of Earnings including Benefits and Pension	\$0.00
Mitigating or Residual Earnings	\$0.00
<b>Total Lost Earnings and Benefits</b>	<b>\$0.00</b>
<b>Offsets Applicable to Lost Earnings and Benefits</b>	
Disability Pension	\$0.00
Social Security Disability Benefits	\$0.00
Workers Compensation Disability Benefits	\$0.00
Disability Insurance	\$0.00
Other Offsets related to Earnings	\$0.00
<b>Total Offsets Applicable to Lost Earnings</b>	<b>\$0.00</b>
<b>Total Lost Earnings and Benefits Awarded</b>	<b>\$0.00</b>
<b>Other Economic Losses</b>	
Medical Expense Loss	\$0.00
Replacement Services	\$0.00
<b>Total Other Economic Losses</b>	<b>\$0.00</b>
<b>Total Economic Loss</b>	<b>\$0.00</b>
<b>Total Non-Economic Loss</b>	<b>\$300,000.00</b>
<b>Subtotal Award for Personal Injury Claim</b>	<b>\$300,000.00</b>



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<b>DECEASED CLAIM (Losses from Date of Death)</b>	
<b>Loss of Earnings including Benefits and Pension</b>	
<b>Offsets Applicable to Lost Earnings and Benefits</b>	
Survivor Pension	
SSA Survivor Benefits	
Worker's Compensation Death Benefits	
Other Offsets related to Earnings	
<b>Total Offsets Applicable to Loss of Earnings and Benefits</b>	
<b>Total Lost Earnings and Benefits Awarded</b>	\$0.00
<b>Other Economic Losses</b>	
Replacement Services	\$0.00
Burial Costs	\$3,512.00
<b>Total Other Economic Losses</b>	\$253,512.00
<b>Total Economic Loss</b>	\$253,512.00
<b>Non-Economic Loss</b>	
Non-Economic Loss - Decedent	\$250,000.00
Non-Economic Loss - Spouse/Dependent(s)	\$0.00
<b>Total Non-Economic Loss</b>	\$250,000.00
<b>Additional Offsets</b>	
Social Security Death Benefits	\$0.00
Life Insurance	(\$68,436.00)
Other Offsets	(\$7,500.00)
<b>Total Additional Offsets</b>	(\$75,936.00)
<b>Subtotal Award for Deceased Claim</b>	\$427,576.00



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<b>Subtotal of Personal Injury and Deceased Claims</b>	<b>\$727,576.00</b>
PSOB Offset	\$0.00
Prior Lawsuit Settlement Offset	\$0.00
Award Paid on Prior Personal Injury Claim	(\$300,000.00)
<b>TOTAL AWARD</b>	<b>\$427,576.00</b>
<b>Factors Underlying Economic Loss Calculation</b>	
Annual Earnings Basis (without benefits)	
Percentage of Disability attributed to Eligible Conditions - applicable to Personal Injury losses	
Start Date of Loss of Earnings Due to Disability - applicable to Personal Injury losses	

<b>Eligible Conditions Considered in Award</b>
Asbestosis
Esophageal Reflux
Malignant Neoplasm Uns Part Uns Bronchus/lung
Other Emphysema and Related Physical Conditions: Other Chronic Pulmonary Heart Diseases
Unspecified Sinusitis and Related Physical Conditions: Obstructive Sleep Apnea

# Solatum Claimants' Affidavits

Drew Hanson

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

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In Re:

TERRORIST ATTACKS ON  
SEPTEMBER 11, 2001

03-MDL-1570 (GBD)(SN)

-----X  
JILL ACCARDI, et al.,

**AFFIDAVIT OF  
DREW HANSON**

Plaintiffs,

21-CV-06247 (GBD)(SN)

V.

ISLAMIC REPUBLIC OF IRAN,

Defendant.

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STATE OF NEW YORK       )  
                                  : SS  
COUNTY OF NASSAU       )

DREW HANSON, being duly sworn, deposes and says:

1. I am a plaintiff in the within action, am over 18 years of age, and reside at 21 North Road, Bellmore, New York 11710.

2. I am currently 62 years old, having been born on September 8, 1960.

3. I am the son of Decedent, Harold Hanson, upon whose death my claim is based, and submit this Affidavit in connection with the present motion for a default judgment and in support of my solatium claim.

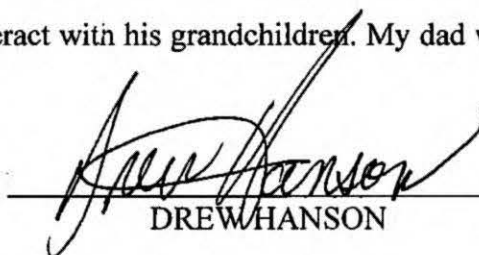
4. My father passed away from lung cancer, on March 26, 2019, at the age of 83. It was medically determined that this illness was causally connected to his exposure to the toxins resulting from the September 11, 2001, terrorist attacks at the World Trade Center.

5. My relationship with my dad was a special one. We were very tight until the end. He taught me so much to make me the man I am today. He taught me how to work hard, take no bull crap from anyone, to work hard in life to provide for my family, and to always be there for them as he always was for us.

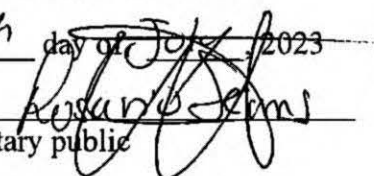
6. My dad was on the ash pile digging for his fellow firefighters & other first responders until he couldn't physically do anymore. He was there for 6 weeks straight. He slept at Engine 6 and then went back sporadically through the months ahead.

7. He was diagnosed with lung cancer in both lungs. He coughed up blood & couldn't take care of himself or my mom who was sick with dementia. My sister had to leave her home in North Carolina to take care of them both. Watching my dad cough up blood, have nose bleeds, and barely walk to the bathroom without his oxygen was heartbreaking considering that this was a man who would never ask for help from anyone and was always helping others. That was why he wanted to be a firefighter. My dad won medals when he was younger until he got burned. He still went back on 9/11 to help because that's just the way he was.

8. He was my dad and my best friend. He was also a grandfather and husband and friend to all. We were all devastated by his death. I miss him every day. I miss our talks, walks, chess games, fishing, and watching him interact with his grandchildren. My dad was a good man, and he didn't have to die like he did.

  
DREW HANSON

Sworn before me this

5<sup>th</sup> day of July, 2023  
  
Notary public

ROSARIO SEIMS  
Notary Public, State of New York  
No. 01SE6370338  
Qualified in Nassau County  
Commission Expires January 29, 2026